

This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information, if requested by the Assessor or at the time of the Hearing. Failure to provide information the Assessment Appeals Board considers necessary may result in the continuance of the hearing.
THE SINGLE FACT THAT YOUR TAXES OR VALUE INCREASED WILL NOT SUPPORT THIS APPEAL AND WILL RESULT IN DENIAL (PROPERTY TAX RULE 305(c)(1)(G))

1. APPLICANT’S NAME (Please Type or Print)

Last NameFirstMI

Street Address/P.O. Box (MUST be applicant’s mailing address)City

StateZipDaytime Phone

Alternate PhoneFAX Number

2. AGENT OR ATTORNEY FOR APPLICANT
(Please Type or Print)

Person to Contact (if other than above) (last, first, middle initial):

Street Address/P.O. BoxCity

StateZipDaytime Phone

Alternate PhoneFAX Number

AGENT’S AUTHORIZATION:

If the Applicant is a corporation, the Agent’s Authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child or parent of the person affected, the following must be completed (or attached to this application - see instructions)

AGENT’S NAME (Please Type or Print)

is hereby authorized to act as my agent in this application and may inspect Assessor’s records, enter into stipulations, and otherwise settle issues relating to this application.

APPLICANT/OFFICER’S/AUTHORIZED EMPLOYEE SIGNATURE

TitleDate

(Please Type or Print)

3. PROPERTY IDENTIFICATION INFORMATION:

Assessment No.

Property Address/Location:

Property Type: (Check One)

Single Family Residence/Condo/Townhouse

Apartment (# of Units) _____ Commercial

AgriculturalVacant Land

IndustrialBusiness Personal Property/Fixtures

Other_____

Is this Property an Owner-Occupied Single Family dwelling?

YesNo

4. VALUES

A. Value On Roll

B. Applicants Opinion of Value

C. Appeals Board Use Only

Land

Mineral Rights

Improvements

Trees & Vines

Fixtures

Personal Property

Total

Penalties

5. TYPE OF ASSESSMENT BEING APPEALED (check one)

IMPORTANT - SEE INSTRUCTIONS FOR FILING PERIODS

Regular Assessment - Value as of January 1 of the current year

Supplemental Assessment Roll Year _____

*Attach Two (2) Copies of Notice Dated _____

Roll Change/Escape Assessment/Calamity Reassessment Roll Year _____

* Attach Two (2) Copies of Notice Dated _____

*Required to be attached

6. THE FACTS that I rely upon to support the requested changes in value are as follows: (You may check all that apply. If you are uncertain of which item to check, please check “I. Other” and attach two copies of a brief explanation of your reason(s) for filing this application. PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

A. DECLINE IN VALUE: The Assessor’s roll value exceeds the market value as of January 1 of the current year

B. CHANGE IN OWNERSHIP:

1. No change in ownership or other reassessable event occurred on the date of _____.

2. Base year value for the change in ownership established on the date of _____ is incorrect.

C. NEW CONSTRUCTION:

1. No new construction or other reassessable event occurred on the date of _____.

2. Base year value for the new construction established on the date of _____ is incorrect.

D. CALAMITY REASSESSMENT: Assessor’s reduced value is incorrect for property damaged by misfortune or calamity.

E. PERSONAL PROPERTY/FIXTURES: Assessor’s value of personal property and/or fixtures exceeds market value.

1. All personal property/fixtures.

2. Only a portion of the personal property/fixtures. Attach description of those items.

F. PENALTY ASSESSMENT: Penalty assessment is not justified.

G. CLASSIFICATION: Assessor’s classification and/or allocation of value of property is incorrect.

H. APPEAL AFTER AN AUDIT: MUST include description of each property, issues being appealed and your opinion of value. Please refer to instructions.

1. Amount of escape assessment is incorrect.

2. Assessment of other property of the assessee at the location is incorrect.

L. OTHER: (Explain below or attach explanation): _____

7. FINDINGS OF FACT: Will be made available at: \$75/application - Simple Findings; \$125/application (deposit) - Complex Findings.
_____ Requested _____ Not Requested **Findings of Fact may be requested and paid for up to the conclusion of the hearing.**

8. Yes No Do you want to designate this application as a claim for refund? **Please refer to instructions first.**
CERTIFICATION: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property - “the applicant”), (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No. _____, who has been retained by the applicant and has been authorized by that person to file this application.”

Signature_____

Signed at _____ Date_____

Name & Title (Print or Type) _____

Owner Agent Attorney Spouse Registered Domestic Partner Child
Parent Person Affected

Clerk Receiving Application_____ Date_____

cc: Assessor

Updated 4/2006